

Dear Volunteer Applicant

Thank you for your interest in the volunteer program at Shands Jacksonville. Volunteers make such a difference in the lives of our patients and visitors, and are an integral part of our team. Whether you are looking for an opportunity to help others, reach out to the community, make new friends, or prepare for career development we hope that you will find volunteering at Shands to be an enjoyable and rewarding experience. Before you can start the steps listed below must be accomplished:

1. Completed application returned.
2. Volunteer Office screens application and background check is initiated.
3. Interview scheduled at which time you will be given information about specific volunteer opportunities that match your qualifications and availability.
4. If selected, you will be scheduled for new volunteer orientation, an informative 3-hour program that is offered bi-weekly.
5. Upon receipt of all requested documentation, volunteer service will begin.

While not all applicants who apply are invited to join our program we make every effort to match the talents of the best applicants with the needs of our hospital. Our first obligation is always to provide the best quality services to our patients and families in accordance with the mission of Shands Jacksonville.

To get started, please complete and return the enclosed forms in the envelope provided. We appreciate your patience with our application process and look forward to meeting you soon. If you have any questions please call Philip St. Laurent, Manager of Volunteer Services, at 244-4665 or me at 244-4330.

Best regards,

Tracy Torres
Director of Volunteer Services

REFERENCES / BACKGROUND CHECK

1. Have you ever been employed or volunteered at Shands Jacksonville or our founding institutions Methodist or University Medical Centers? Yes No If yes, please indicate date and position: _____

2. List one personal and one business reference that we may contact. No relatives please.

(1) _____
Name Address Business, Position or Relationship Telephone

(2) _____
Name Address Business, Position or Relationship Telephone

3. Have you ever been convicted, plead "nolo contendere" (no contest), or had adjudication withheld for any crime or offense other than a minor traffic violation? Yes No If yes, please complete:

Offense	Date	County	State	Disposition
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4. Are you known by any other names? Yes No If yes, please list: _____

MEDICAL HISTORY

1. Is there any reason why you would be unable to safely perform your duties as a volunteer? Yes No
If yes, please elaborate: _____

2. Do you have any physical restrictions or health considerations that should be considered prior to placement? Yes No
If yes, please describe: _____

3. Physician to be called in case of accident or illness: _____ Phone: _____

4. Any other comments: _____

VOLUNTEER APPLICANT'S AGREEMENT

- I certify that the information contained in this application is correct to the best of my knowledge.
- I authorize investigation of all matters contained in this application, and agree that any misleading, false or intentional omission of pertinent information would be cause for rejection of my application or cause for dismissal if already placed in the program.
- I understand that the individuals that I have listed as personal references will be asked questions concerning my ability, character and reputation.
- I understand that volunteer placement with Shands Jacksonville is contingent upon receipt of satisfactory references, background check, health screening and a TB skin test (PPD), as well as satisfactory completion of Volunteer Orientation.
- I understand that initial and continuous volunteer placement is at the discretion of Shands Jacksonville Volunteer Services Dept.

Additionally, if selected to be a Shands Jacksonville volunteer, I agree to:

1. Abide by the Policies & Procedures of the Medical Center, the Volunteer Services Department and the department and/or program to which I am assigned.
2. Keep all patient information and hospital business completely confidential at all times.
3. Strictly adhere to the volunteer service guideline (job description), and be aware of volunteer limits and boundaries.
4. Refer any problems, criticisms or suggestions to the Volunteer office.
5. Carry out assignments according to the schedule agreed upon, and call in advance when unable to work as scheduled.
6. Maintain a professional appearance and demeanor while on duty, and demonstrate courtesy and consideration of others.
7. Agree to commit to a minimum of 100 hours of service. (80 for summer student program)
8. Donate my services to the organization without contemplation of compensation or future employment.
9. Attend orientation and training, and participate in the hospital's ongoing inservice programs as necessary.
10. Uphold the mission, vision and values of Shands Jacksonville Medical Center.

Signatures: _____

Volunteer Applicant

Parent/Guardian approval (ages 14-17)

ATTENTION: VOLUNTEER SERVICES
Shands Jacksonville
655 West 8th Street

Jacksonville, FL 32209

Phone: (904) 244-4271

Fax: (904) 244-6662

BACKGROUND INVESTIGATION

To be considered for a volunteer position at **Shands Jacksonville** applicants are subject to a background investigation with the Jacksonville Sheriff's Office and/or other law enforcement agencies.

Applicants are evaluated on the merits of their qualifications for positions available regardless of the individual's race, sex, color, national origin, age disability, religion, marital status, or status as a veteran.

The following information is required to perform the background investigation:

PLEASE PRINT:

LAST NAME: _____

FIRST NAME: _____

MIDDLE NAME: _____

OTHER NAME(S) BY WHICH YOU ARE KNOWN, OR HAVE BEEN KNOWN:

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____

CHECK APPROPRIATE BOXES:

SEX: **Male** **Female**

RACE: **Caucasian** **Black** **Asian**

Hispanic **Other**